

Consumer Satisfaction Survey

A. Person completing this form

1. Person receiving services 2. Parent 3. Guardian 4. Family Member 5. Care Giver 6. Other

B. County of residence receiving services

C. Gender of person receiving services: 1. Female 2. Male

D. Does the person receiving services have Medicaid? 1. Yes 2. No

E. Age of person receiving services: Age:

F. Length of time the person has received services: Years: Months:

G. Ethnicity of person receiving services

1. White 2. Black 3. Asian 4. Alaska Native 5. Hispanic/Latino
6. Native Hawaiian 7. Pacific Islander 8. American Indian 9. Other

H. Primary disability of the person receiving services (check all that apply):

1. Intellectual Developmental Disability Only 2. Mental Health Only 3. Substance Abuse Only 4. More than one disability 5. Do not know the type of disability

1. Did you receive a _____ Consumer Handbook in the mail within 14 days of enrolling in services with _____ or a _____ Network Provider?

1. Yes 2. No 3. Does not apply

2. Has the Medicaid Denial and Appeals process been explained to you? (This involves a reduction, suspension or termination of a service)

1. Yes 2. No 3. Does not apply

3. If you filed a Medicaid appeal was the process satisfactory?

1. Yes 2. No 3. Does not apply

4. Provider must approve (authorize) certain services before can begin the service. Have authorizations been timely? 1. Yes 2. No 3. Does not apply

5. Do you know how to make a complaint with _____?

1. Yes 2. No 3. Does not apply

6. Do you know how to access services if you experience a crisis?

1. Yes 2. No 3. Does not apply

7. Are your provider's staff available to assist you when you are in crisis?

1. Always 2. Most of the time 3. Rarely 4. Never 5. Does not apply

8. During the last year: If you requested an appointment with a _____ Network Provider for a Mental Health or Substance Abuse emergency were you seen within 2 hours?

1. Always 2. Most of the time 3. Rarely 4. Never 5. Does not apply

9. During the last year: If you requested an appointment with a _____ Network Provider While experiencing a Mental Health or Substance Abuse crisis (but which not an emergency) were you seen within 48 hours?

1. Always 2. Most of the time 3. Rarely 4. Never 5. Does not apply

10. During the past year: If you requested a routine appointment from a _____ Network Provider were you seen within 14 calendar days?

1. Always 2. Most of the time 3 Rarely 4. Never 5. Does not apply

11. Do you have a choice in selecting your provider?

1. Always 2. Most of the time 3. Rarely 4. Never 5. Does not apply

12. Is your privacy respected?

1. Always 2. Most of the time 3. Rarely 4. Never 5. Does not apply

13. Do you feel free to complain?

1. Always 2. Most of the time 3. Rarely 4. Never 5. Does not apply

14. Are services available that meet your racial and ethnic background needs?

1. Always 2. Most of the time 3. Rarely 4. Never 5. Does not apply

15. Are your provider's staff able to address the needs of your racial and ethnic background?

1. Always 2. Most of the time 3. Rarely 4. Never 5. Does not apply

16. Have the services you received during the past year improved the quality of your life?

1. Always 2. Most of the time 3. Rarely 4. Never 5. Does not apply

17. Please rate your overall satisfaction with the services you have received from the providers in the _____ Network

4 Extremely satisfied, 3 Satisfied, 2 dissatisfied, 1 Extremely Dissatisfied

Provider Survey

ACCESS: Includes Call Center, Outreach, Coordination of emergency/crisis care, communication to consumers and providers. If you have had contact with Access Department during the past 12 months, please respond to questions below. If not, skip to next section.

1. _____ Access staff is easily accessible for information, referrals, and scheduling of appointments

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

2. _____ Access refers consumers whose clinical needs match the service(s) my practice/agency provides.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

3. _____ Access staff responds quickly to provider needs.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

COMMUNITY RELATIONS: Represents _____ at public meetings, prepares or reviews all publications, communications, and is responsible for developing and maintaining effective community relationships. Provides staff support to CFAC. If you have had contact with Community Relations Department during the last 12 months, please respond to questions below. If not, skip to next section.

4. _____ Community Relations Department works well with local community stakeholders.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

FINANCE/Claims Processing: Responsible for processing claims and responding to provider billing questions. If you have had contact with Finance/Claims Department during the last 12 months, respond to questions below. If not, skip to next section.

5. When I speak with staff about claims issues I am given consistent and accurate information.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

6. Claims trainings meet my needs.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

7. My/Our claims are processed in a timely and accurate manner.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

IT/Provider Direct, provider access and electronic data submissions. If you have had contact with the IT Department during the past 12 months, please respond to questions below. If not, skip to next section.

8. IT trainings are informative and meet my (my agency's) needs.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

9. Technical assistance and information provided is accurate and helpful.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

NETWORK MANAGEMENT AND PROVIDER RELATIONS: Responsible for overall management of the Provider Network to include credentialing, recruitment, enrollment, orientation communication and contract development. If you have had contact with Network Department during the past 12 months, please respond to questions below. If not, skip to next section.

10. Provider Network meetings are informative and helpful.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

11. Network Department keeps providers informed of changes that affect the Provider Network.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

12. Network staff are knowledgeable and answer questions consistently and accurately.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

13. My/Our interests as a ____ network provider are being adequately addressed in the Network Council.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

14. Please rate your overall satisfaction with your interactions with ____.

4 Extremely satisfied 3 Satisfied, 2 dissatisfied, 1 Extremely Dissatisfied

QUALITY MANAGEMENT: Responsible for qualifying agency providers, investigation of incidents, abuse, neglect and exploitation. Tracking and monitoring of consumer complaints and grievances. If you have had contact with the Quality Management Department during the past 12 months, please respond to questions below. If not, skip to next section.

15. QM staff conducts fair and thorough investigations.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

16. Technical assistance provided by QM staff is informative and helpful.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

17. QM trainings are informative and meet our needs as a provider/agency.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

18. QM staff requests for corrective action plans are fair and reasonable.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

UTILIZATION MANAGEMENT: Reviews and authorizes care, responsible for determining Medical Necessity, manages eligibility criteria, monitors for over and under utilization. If you have had contact with the Utilization Management Department during the past 12 months, please respond to questions below. If not, skip to next section.

19. Authorizations for treatment and services are made within the required timeframes.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

20. Denials for treatment and services are explained.

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

21. The authorizations issued are accurate (correct date, consumer and service).

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

22. I am satisfied with the appeals process for denial, reduction, or suspension of service(s)

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

23. _____ website is helpful. (Please do not rate Provider Direct here; it is addressed in question ____)

4 Strongly agree, 3 Agree, 2 disagree, 1 Strongly Disagree, 0 Does not apply

Comments: If you would like to be contacted about your comments, please give your name and phone number below.